

LEADERSHIP DEVELOPMENT REVIEW

EMPLOYEE INFORMATION

EMPLOYEE NAME:	
POSITION:	
REVIEW PERIOD:	
DATE:	

I. LEADERSHIP COMPETENCIES

1. VISIONARY LEADERSHIP

STRENGTHS:	
AREAS FOR IMPROVEMENT	
DEVELOPMENT PLAN	

2. STRATEGIC THINKING

STRENGTHS	
AREAS FOR IMPROVEMENT	
DEVELOPMENT PLAN	

3. COMMUNICATION SKILLS

STRENGTHS	
AREAS FOR IMPROVEMENT	
DEVELOPMENT PLAN	

4. DECISION-MAKING SKILLS

STRENGTHS	
AREAS FOR IMPROVEMENT	
DEVELOPMENT PLAN	

5. TEAM BUILDING AND COLLABORATION SKILLS

STRENGTHS	
-----------	--

AREAS FOR IMPROVEMENT	
DEVELOPMENT PLAN	

II. ACHIEVEMENTS AND ACCOMPLISHMENTS

1. KEY ACHIEVEMENTS DURING REVIEW PERIOD

ACHIEVEMENT 1	
IMPACT	
ACHIEVEMENT 2	
IMPACT	
ACHIEVEMENT 3	
IMPACT	

2. CHALLENGES OVERCOME

CHALLENGE 1	
SOLUTION	
LESSONS LEARNED	
CHALLENGE 2	
SOLUTION	
LESSONS LEARNED	
CHALLENGE 3	
SOLUTION	
LESSONS LEARNED	

III. LEADERSHIP DEVELOPMENT GOALS AND ACTION PLAN

1. SHORT-TERM GOALS (NEXT 6 MONTHS)

GOAL 1	
PLAN	
GOAL 2	
PLAN	
GOAL 3	

PLAN	
2. MEDIUM-TERM GOALS (1-2 YEARS)	
GOAL 1	
PLAN	
GOAL 2	
PLAN	
GOAL 3	
PLAN	
2. LONG-TERM CAREER ASPIRATIONS	
GOAL 1	
PLAN	
GOAL 2	
PLAN	
GOAL 3	
PLAN	

IV. TRAINING AND DEVELOPMENT NEEDS	
1. TRAINING RECEIVED	
DEVELOPMENT ACTIVITY 1	
LESSONS LEARNED	
LEADERSHIP APPLICATION	
DEVELOPMENT ACTIVITY 2	
LESSONS LEARNED	
LEADERSHIP APPLICATION	
DEVELOPMENT ACTIVITY 3	
LESSONS LEARNED	
LEADERSHIP APPLICATION	
2. ADDITIONAL TRAINING AND DEVELOPMENT NEEDS	
REQUIRED TRAINING 1	

LEADERSHIP APPLICATION	
REQUIRED TRAINING 2	
LEADERSHIP APPLICATION	
REQUIRED TRAINING 3	
LEADERSHIP APPLICATION	

V. FEEDBACK AND COMMENTS

1. POSITIVE FEEDBACK

FEEDBACK	
COMMENTS	

2. CONSTRUCTIVE FEEDBACK

FEEDBACK	
COMMENTS	

3. EMPLOYEE SELF-ASSESSMENT

COMMENTS	
----------	--

ACKNOWLEDGEMENT & SIGNATURE

I have reviewed this document and discussed its contents with my supervisor. I understand the feedback provided and the development plan outlined for my leadership growth.

EMPLOYEE NAME:	SIGNATURE:	DATE:
SUPERVISOR NAME:	SIGNATURE:	DATE: